FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077401 (4)

CHAVEZ COMPUTER SERVICES, INC.

FILED Apr 13 1998 8:00am Secretary of State



4-1-98

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be	Principal Place	of Business	Mailing Address		[
2. Principal Piace of Flushness 2. Principal Piace of Flushness 3. Date Incorporated or Cupilled 10/05/1955						
2. Principal Principal Of Dusiness 2. Principal Of Dusiness 2. Principal Of Dusiness 2. Principal Principal Of Dusiness 2. Principal Of	MIAMI FL 331	75	MIAMI FL 33175		DO NOT WRITE IN THIS SPACE	
10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/05/1995 10/						
2. Principle Prace of Guernes 3.30 A Section 3.50 A 5. Certificate of Status Desired 5. Section 5. Certificate of Status Desired 5. Certificate of Status Desired of Desired					1 7	
201 33.3 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5	2, Principal Pla	ace of Business	2a. Mailing Address	. 00/		
Solid April No. Country Solid April Apri		a SW 179 AVE	26 PO Box 1	654 <i>83</i> 6	65-0612419 Not Applicable	
22		W, etc.		<u> </u>	5 Contitionts of Ptotus Desired S8.75 Additional	
City State State City State City State City State City Ci	22				Fee Required	
23 30 30 30 30 30 30 30	City & State		l	D.		
33024	23 MIRGA		28 MIAMI	+1	1100.1 01.0	
9, Name and Address of Current Registered Agent			Zip 220/ E	———		
CHAVEZ, MAURICIO	24 3506		29 <u>32262</u>	30	, sidental report,	
Charge Addition Charge Charge Addition Charge Charge Addition Charge Charge Addition Charge Charge Charge Charge Charge Addition Charge Addition Charge Charge Charge Charge Charge Charge Addition Charge			Hegistered Agent	81 Namo	10, hame and Address of new registered Agent	
MIAMI FL 33175	CHAYEZ, MACHICIO					
11. Pursuant to the provisions of Sections 6/07.05.02 and 607 1508, Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I employee the ching was authorized by the corporation's different with, and accept the chings was authorized by the corporation's different with, and accept the chings was authorized by the corporation's different with, and accept the chings was authorized by the corporation's different with, and accept the chings was authorized by the corporation's different acceptance and accept the chings was authorized by the corporation's different acceptance and accept the chings was authorized by the corporation's different acceptance accep				82 Street A	ddress (P.O. Box Number is Not Acceptable)	
### CRY RAME STOCK Sections 607 D/AD and 607 1508, Floridas Statutors, the above named corporation submits this statement for the purposes of changing its registered agont or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont or both, in the State of Floridas Statutors. ### SQMADE.** 12.	MIA	AMI FL 33175	22 20 179 MUE			
11. Pursuant to the provisions of Socions 607 0:00 and 607 1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered appeal. I am familiar with, and accept the obligations of, Socion 607,0505, Floridal Statutes. Signature Signature Socion 607,0505, Floridal Statutes. Signature Socion 607,0505, Floridal Statutes.				"		
11. Pursuant to the provisions of Socions 607 0:00 and 607 1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered appeal. I am familiar with, and accept the obligations of, Socion 607,0505, Floridal Statutes. Signature Signature Socion 607,0505, Floridal Statutes. Signature Socion 607,0505, Floridal Statutes.				84 City	1.004100 EI 85 Zip Code	
agent I are familiar with , and accept the obligations of, Section 607 9050-5, florida State of Horiza. Signature Temmina with , and accept the obligations of, Section 607 9050-5, florida State of Horiza. Signature Temmina with, and accept the obligations of, Section 607 9050-5, florida State of Horiza. Signature Temmina with, and accept the obligations of, Section 607 9050-5, florida State of Horiza. Signature Temmina with, and accept the obligations of Section 607 9050-5, florida State of Horiza. Signature Temmina with, and accept the obligations of Section 607 9050-5, florida State of Horiza. Signature Temmina with, and accept the obligations of Section 607 9050-5, florida State of Horiza. Signature Temmina with, and accept the obligations of Section 607 9050-5, florida State of Horiza. Signature Temmina with, and accept the obligations of Section 607 9050-5, florida State of Horiza. Signature Temmina with, and accept the obligations of Section 607 9050-5, florida State of Horiza. Signature Tempina with, and accept the obligations of Section 607 9050-5, florida State of Horiza. Signature Tempina with, and accept the obligation of Section 607 9050-5, florida State of Officers And Directors In 182. Signature Tempina with, and accept the obligation of Section 607 9050-5, florida State of Officers And Directors In 182. Signature Tempina with, and accept the obligation of Section 607 9050-6, florida State of Officers And Directors In 182. Signature Tempina with and accept the Section 607 9050-6, florida State of Officers And Directors In 182. Signature Tempina with and accept the Section 607 9050-6, florida State of Officers And Directors In 182. Signature Tempina with and accept the Section 607 9050-6, florida State of Officers And Directors In 182. Signature Tempina with and accept the Section 607 9050-6, florida State of Officers And Directors In 182. Signature Tempina with a problem of Officers And Section 607 9050-6, florida State of Officers And Section 607 9050-6, florida State of Officer	MIRPMAK FL 35089					
SIGNATURE	office or re	enietered arrent or both in the State (I Florida. Such chande was a	iurnorized by the corb	oration's board of directors. I hereby accept the appointment as registered	
12	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE					
TITLE						
STREET ADDRESS CITY-ST-ZIP MIAMI FL		PD	DELETE			
STREET ADDRESS CITY-ST-ZIP MIAMI FL	NAME	CHAVEZ, MAURICIO		1.2 NAME		
MIAMI FL				1.3 STREET ADDRESS	3332 SW 179 AVE	
TITLE				1.4 CITY-ST-ZIP	MIRAMAR FL 33029	
STREET ADDRESS 4491 SW 138TH CT. 23 STREET ADDRESS 2.4 CITY-ST-ZIP MIAMI FL DELETE 31 TITLE DELETE 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP DELETE 41 TITLE DELETE 42 NAME 42 NAME 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP DELETE 51 TITLE DELETE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE DELETE 51 TITLE DELETE DEL		SD	DELETE	2 1 TITLE	Change Addition	
DELETE DELETE STITLE S	NAME	CHAVEZ, IRENE		2.2 NAME		
DELETE STIFLE STIFLE STIFLE STIFLE STANGE Addition	STREET ADDRESS	4491 SW 138TH CT.		2.3 STREET ADDRESS	3332 SW 179 AUE	
TITLE	CiTY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP	MIRAMAR FI 330A9	
STREET ADDRESS			DELETE	3.1 TITLE		
CHY-ST-ZIP	NAME			3.2 NAME		
DELETE	STREET ADDRESS			3.3 STREET ADDRESS		
DELETE	l .			3.4. CITY- ST-ZIP		
A3 STREET ADDRESS			DELETE	4.1 TITLE	Change Addition	
A C (IY - ST - ZIP	NAME			4. 2 NAME		
DELETE DELETE S.1 TITLE Change Addition	STREET ADDRESS			4.3 STREET ADDRESS		
NAME	CITY-ST-ZIP			4.4 CITY - ST - ZIP		
STREET ADDRESS CITY-S1-ZIP TITLE DELETE 6.1 TILE CHange Addition 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-S1-ZIP CITY-S1-ZI	TITLE		☐ DELETE	5.1 1ff LE	Change Addition	
CITY-ST-ZIP	NAME			5.2 NAME		
DELETE 6.1 TILE	STREET ADDRESS			5.3 STREET ADDRESS		
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CHY-ST-ZIP 6.5 THE TADDRESS ACTIVE STATUTE OF THE PROPERTY OF THE PROPERT	CITY-ST-ZIP			5.4 CITY - ST - ZIP		
STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.5 CITY-ST-ZIP 6.6 CITY-ST-ZIP	TITLE		☐ DELETE	6.1 TrillE	. [] Change L Addition	
CITY-ST-ZIP 64 CITY-ST-ZIP	NAME			6.2 NAME		
17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STREET ADDRESS			6.3 STREET ADDRESS		
14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. I further Certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as indicated on the same legal effect as indicated on the same legal effect as indicated and the same legal effect as indicated on the same legal effect as indicated and the same legal effect as indicated on the same legal effect as indicated and the same legal	CITY-ST-ZIP			6.4 CITY-ST-ZIP	Lis Courtes 440 67/9V/3 Floride Clothers I forther could that the information	
A second of the	14. I hereby o	ertify that the information supplied wit on this annual report or supplemental	annual report is true and acc	or the exemption states urate and that my sign	a in Section (19.07(3)(i), monda statutes, i further certify that the information nature shall have the same legal effect as if made under oath; that I am an	
officer or director of the composition or the receipt of frustee comproversed to execute this report as required by Chapter 607, Fibrida statutes, and that my harde appears in	officer or o	director of the corporation or the recei	or trustee emplowered to e	execute this report as	required by Chapter 607, Florida Statutes; and that my name appears in	